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APPLICANTS

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** CONTINUING DATA ***** *Ac*** FOREIGN APPLICATIONS ***** *Ac*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 10	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Centrifuge sample jar and closure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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